### **CHARLES COUNTY ETHICS COMMISSION**

c/o Office of the County Attorney P.O. Box 2150 La Plata, Maryland 20646 301-645-0555

#### LOBBYING REGISTRATION INFORMATION AND FORMS

## General Information:

According to Section 170.8 (A), (B) & (C) of the Code of Ethics for Charles County:

A person shall file a lobbying registration statement with the commission if the person:

- (1) Personally appears before a county official or employee with the intent to influence that person in performance of the official duties of the official or employee; and
- (2) In connection with the intent to influence, expends or reasonably expects to expend in a given calendar year in excess of \$100.00 on food, entertainment, or other gifts for officials or employees of the County.

A person shall file a registration statement required under this section on or before the later of January 15 of the calendar year or within 5 days after first performing an act that requires registration in the calendar year.

# Reports:

According to Section 170.8 (D):

Within 30 days after the end of any calendar year during which a person was registered under this section, the person shall file a report with the commission disclosing:

- (1) The value, date, and nature of any food, entertainment, or other gift provided to a county official or employee; and
- (2) If a gift exceeds \$20.00 in value or series of gifts to a single official or employee exceeds \$100.00 in value, the identity of the official or employee.

# **LOBBYIST REGISTRATION FORM**

REP	ORTING PERIOD:
To b	e filled by those required to register within seven days of first lobbying activity.
Α.	IDENTIFICATION OF LOBBYIST:
	NAME:
	OCCUPATION:
	ADDRESS:
	PHONE:
В.	IDENTIFICATION OF ENTITY OF WHOSE BEHALF REGISTRANT IS ACTING
	NAME:
	OCCUPATION:
	ADDRESS:
	PHONE:
C.	IDENTIFICATION OF SUBJECT MATTER:
	Identify the subject matters(s) about which the registrant will lobby.
D.	AFFIRMATION
	EREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE FACTS SET FORTH REIN ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
Sign	nature of lobbyist Date:

# **LOBBYING ACTIVITY REPORT**

To be filed within 30 days after the end of any calendar year of lobbyist reporting period.

<b>IDENTIFICATION OF LO</b>	BBYIST:					
NAME:						
OCCUPATION:						
ADDRESS:						
PHONE:						
MEALS AND BEVERAGES:						
List of total amount paid for meals and beverages for county officials, employees, and the immediate families.						
		\$				
Please itemize for each event	the name of the	official, employee, or immediate t				
receiving meal and/or bevera		official, employee, or immediate for location, and the amount paid. <i>At</i> <b>Location</b>	family mem			
receiving meal and/or bevera	ges, the date, the	location, and the amount paid. At	family mem			
receiving meal and/or bevera	ges, the date, the	location, and the amount paid. At	family mem			
receiving meal and/or bevera	ges, the date, the	location, and the amount paid. At	family mem			
receiving meal and/or bevera	ges, the date, the	location, and the amount paid. At	family mem			
receiving meal and/or bevera as needed.  Name  SPECIAL EVENTS:	ges, the date, the	Location, and the amount paid. At	family mem			
receiving meal and/or bevera as needed.  Name  SPECIAL EVENTS:  List of total amount paid for s	Date  Date  special events, ir	location, and the amount paid. At	family mem			
receiving meal and/or bevera as needed.  Name  SPECIAL EVENTS:  List of total amount paid for s	Date  Date  special events, ir	Location, and the amount paid. At	family mem			
SPECIAL EVENTS:  List of total amount paid for sentertainment, and other func	Date  Date  special events, in the extreme trions, for county	Location  Location  Location  Continuous actual description and the amount paid. At th	family mem			
SPECIAL EVENTS: List of total amount paid for sentertainment, and other func	Date  Date  Special events, in the stions, for county	Location  Location  Location  Continuous parties, dinners, athletic errofficials, employees, and their im  Location  Location	family mem			

# **LOBBYING ACTIVITY REPORT**

scheduled entertainment at a conference or meeting, and which is provided in return for their participation in a panel discussion or speech						
Please itemize the name of the official, employee, or immediate family member who attended date, the location, and the amount paid. Attach additional pages as needed.						
						Name
ALL OTHER CIETS.						
ALL OTHER GIFTS:						
	all other gifts for cour	aty officials, employees, and t	heir immedi			
List of total amount paid for	-	aty officials, employees, and t				
List of total amount paid for families.  Please itemize for each ever who received a gift (including	\$ sent the name of the officing case) valued at \$50 g period, the nature of		amily memb			
List of total amount paid for families.  Please itemize for each ever who received a gift (including or more during this reporting)	\$ sent the name of the officing case) valued at \$50 g period, the nature of	ial, employee, or immediate for more, or a series of gifts w	amily membith a value of the			
List of total amount paid for families.  Please itemize for each ever who received a gift (includior more during this reporting gift. Attach additional pages as	\$ and the name of the officing case) valued at \$50 g period, the nature of the nature	ial, employee, or immediate for more, or a series of gifts where gift, the date given, and the	amily memb			
List of total amount paid for families.  Please itemize for each ever who received a gift (includior more during this reporting gift. Attach additional pages as	\$ and the name of the officing case) valued at \$50 g period, the nature of the nature	ial, employee, or immediate for more, or a series of gifts where gift, the date given, and the	amily membith a value of the			
List of total amount paid for families.  Please itemize for each ever who received a gift (includior more during this reporting gift. Attach additional pages as	\$ and the name of the officing case) valued at \$50 g period, the nature of the nature	ial, employee, or immediate for more, or a series of gifts where gift, the date given, and the	amily membith a value of the			